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MEMO FROM DIRECTOR OF HEALTH SERVICES DATED FEBRUARY 14, 2014

MEMO FROM DIRECTOR OF HEALTH SERVICES DATED APRIL 24 2014

MEMO FROM DIRECTOR OF HEALTH SERVICES DATES JULY 31, 2014

MEMO FROM DIRECTOR OF HEALTH SERVICES DATED OCTOBER 31, 2014



Health Services LOS ANGELES COUNTY

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February 14, 2014

TO: Each Supervisor

FROM:  Mitchell H. Katz, M.D.
Director of Health Services

SUBJECT: **HEALTH, MENTAL HEALTH, SUBSTANCE USE
DISORDER, AND BENEFITS ESTABLISHMENT
SERVICES FOR CLIENTS SERVED BY
DEPARTMENT OF HEALTH SERVICES SUPPORTIVE
HOUSING PROGRAMS**

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS), in coordination with the Chief Executive Officer, to submit a plan to the Board within 30 days developed collaboratively with the Departments of Mental Health (DMH), Public Health (DPH), and Public Social Services (DPSS) for the provision of integrated health, mental health, substance use disorder, and benefits establishment services to the various clients as needed for the DHS supportive housing program. The plan should identify the composition of clients to be housed including: the projected number of clients; levels of mental health, substance use disorder, and health services; and amount and source of funding required to sustain the necessary service programs for the various clients.

BACKGROUND

In November 2012, DHS established the Housing for Health (HFH) division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

Permanent supportive housing is decent, safe, and affordable community based housing linked to a flexible array of support services that provides homeless people with housing stability, improved health status, and greater levels of independence and economic security.

HFH utilizes the full range of community based housing options including non-profit owned supportive housing, affordable housing, master lease buildings, scattered site housing, and private market housing. To date, the majority of HFH clients have been housed using Housing Authority Section 8 vouchers and Project Based Vouchers. On January 14, 2014, the Board approved an agreement for a Flexible Housing Subsidy Pool Operator who will provide a rental subsidy for

homeless DHS patients who are not able to obtain traditional Housing Authority rental subsidies.

All individuals who are housed through HFH programs are assigned to a homeless services provider to receive intensive case management services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health. DHS currently contracts with Homeless Health Care Los Angeles, Housing Works, and Skid Row Housing Trust to provide ICMS services in permanent supportive housing and also partners with L.A. Family Housing, Lamp Community, and PATH for the provision of these services.

COMPOSITION AND NUMBER OF CLIENTS TO BE HOUSED

HFH clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services. To date, HFH has provided permanent supportive housing for 281 homeless DHS patients.

Sixty-nine percent (69%) of the clients housed to date are male and 31% are female. Forty-six (46%) of clients are ages 50-59, 21% are ages 60 and above, 20% are ages 40-49, 10% are ages 30-39, and 3% are ages 18-29.

The majority of clients have health care coverage. Ninety-two percent (92%) have Medi-Cal (55% have Medi-Cal and 37% had Healthy Way LA and were transitioned to Medi-Cal on January 1, 2014), 3% have Medi-Cal/Medicare, 2% have Medicare, and 1% have other insurance.

Sixty percent (60%) of the clients have received DMH services and 25% have an active/open DMH case. Nine percent (9%) received substance use disorder treatment services in the last year from DPH Substance Abuse Prevention and Control contracted providers.

Common diagnoses for HFH clients are hypertension, diabetes, congestive heart failure, heart disease, asthma, cancer, HIV/AIDS, hepatitis C, lung disease, depression, bipolar, and post-traumatic stress disorder.

The majority of HFH clients are chronically homeless (83%), which means they have been homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

Most of the clients housed were referred by a DHS hospital (85%) followed by the DHS Ambulatory Care Network (12%) and Community Partners (3%).

The four year housing goals for HFH are as follows:

Year	2014	2015	2016	2017
Number of Homeless People Housed (cumulative)	300	600	1200	2400

SERVICE INTEGRATION

All clients in HFH permanent supportive housing projects are DHS patients and have an assigned ICMS provider. All case management services are mobile and provided at the location where the client is housed. Health, mental health, and substance use disorder services are provided in a way that is flexible to accommodate different types of permanent supportive housing projects. Larger project-based permanent supportive housing projects often have dedicated space for on-site health, mental health, and/or substance use disorder services. Scattered site projects typically link clients to services that are conveniently located in the surrounding community.

Whether project based or scattered site, it is a key role of the ICMS provider to ensure that HFH clients are linked to and accessing health, mental health, and substance use disorder services as needed. ICMS providers assist clients with appointment scheduling, transportation, maintaining their medication regimen, and with urgent access to care if the client is experiencing an urgent health, mental health or substance use issue. Another critical role of the ICMS provider is to assist clients with obtaining any health and income benefits that they may be eligible for. During the client intake and assessment process the ICMS provider obtains information on the client's health and income benefits. If the client appears to be eligible for a benefit they are not currently receiving the ICMS provider will assist them with obtaining any necessary documents and completing and tracking applications for DPSS Services (CalFresh, Medi-Cal, General Relief, CalWORKs, and In Home Supportive Services) and Supplemental Security Income.

DHS, DMH, DPH, and DPSS are planning to further enhance and support the work of the ICMS providers through the following efforts:

- Provide onsite integrated DHS, DMH and DPH services at larger project-based supportive housing projects where there a sufficient number of mutual clients to be able to provide cost effective and efficient services. DHS, DMH, and DPH are reviewing the pipeline of permanent supportive housing projects to identify potential projects for onsite integrated services.
- Empanel (enroll) 1,600 DHS patients who have experienced homelessness at the Star Clinic, which will provide a Patient Centered Medical Home with integrated services. The Star Clinic is located on the ground floor of the Star

Apartments, which is a project-based permanent supportive housing development in the Skid Row area that provides housing to 100 DHS homeless patients. The DHS-operated Star Clinic is estimated to open in mid-2014 and will provide primary care, podiatry, wound care, other specialty care, and behavioral health services. The Star Clinic will provide a medical home to tenants living in the building, to HFH clients living in other supportive housing projects, and to other DHS patients who are homeless/formerly homeless. Star Clinic staff will work directly with DMH and DPH to ensure that patients needing a higher level of mental health and substance use disorder services are linked to those services and that they are coordinated with their medical home.

- Provide standardized training to ICMS providers on how to educate clients on the benefits of integrated services and how to select health plans and medical homes that have integrated services. With the expansion of Medi-Cal on January 1, 2014, most HFH clients are Medi-Cal recipients or Medi-Cal eligible. Many HFH clients were HWLA members and on January 1st they transitioned to a Medi-Cal health plan that allowed them to stay with their medical home. New Medi-Cal enrollees must select a health plan (LA Care or Health Net) and primary care provider or they will be assigned through a default algorithm.
- Provide standardized training to ICMS providers on how to effectively assist clients with accessing DMH, DPH, and DPSS services. DMH will provide training on how to navigate the DMH system of care including how to use Service Area Navigators to ensure continuity of care with existing providers and to refer new clients for mental health assessments and services. DPH will provide training on how to use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) substance use disorder screening tool which will allow ICMS providers to provide an immediate and brief intervention for low risk clients and coordination with a Community Assessment Service Center (CASC) for assessment and treatment for high risk clients. DPSS will provide training on how to use Your Benefits Now (YBN) to apply for Medi-Cal, Cal Fresh, and CalWORKS and to view current benefit status. DPSS will also provide a point of contact at each DPSS office who will serve as an advocate liaison for the HFH ICMS provider assisting HFH clients.
- With client consent, provide ICMS providers with timely access to information on whether a client receives services from DMH or DPH and the location of those services. This will allow ICMS providers to support continuity of care between clients and their service providers.

AMOUNT AND SOURCE OF FUNDING FOR SUPPORTIVE SERVICES

The majority of HFH clients are Medi-Cal eligible and it is anticipated that Medi-Cal will cover the health, mental health, and substance use disorder services used by these clients. Beginning January 1, 2014, the Affordable Care Act (ACA) requires the federal government to pay 100% of the reimbursement for the Medi-Cal expansion population. The federal government will pay 100% of the reimbursement through January 1, 2017 and thereafter will pay at least 90% of the reimbursement. The State's share of

reimbursement will be up to 10% after January 1, 2017. Clients who are not Medi-Cal eligible will still be able to receive health services from DHS and Community Partners.

ICMS are provided by homeless services providers who use their existing resources and by homeless services providers who have a work order agreement with DHS to provide ICMS services pursuant to the DHS Supportive Housing Services Master Agreement. The source of funds for contracted ICMS services is DHS County General Fund dollars. The estimated cost for contracted ICMS services in Fiscal Year 2013-14 is \$1.3 million.

NEXT STEPS

CEO, DHS, DMH, DPH, DPSS, and the Community Development Commission (CDC) have been meeting regularly respond to the June 11, 2013 Board of Supervisors motion to develop recommendations to reprogram unspent Homeless Prevention Initiative funds and ensure that 90% of the recommended reprogrammed funds go to fund permanent supportive housing efforts. In addition, the departments are working together to respond to the November 12, 2013 Board motion directing the departments to implement the proposed recommendations and establish a single adult model of care. A report, including a detailed implementation plan, will be submitted to the Board in March 2014. The departments will continue to meet regularly to implement the single adult model and to increase service coordination and integration for all supportive housing clients.

As directed by the Board, DHS will provide quarterly reports on the DHS supportive housing program including number and composition of clients housed; integration of health, mental health, and substance use disorder services; benefits establishment; utilization of rental subsidies; number of clients transitioning off rental subsidies; housing inventory; etc. The target date for the first quarterly report is April 18, 2014, and will cover January through March 2014.

If you have any questions, please contact me or Mark Ghaly, Director of Community Health, at (213) 240-7702.

MHK:MG:CT

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Mental Health
Department of Public Health
Department of Public Social Services



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April 24, 2014

TO: Each Supervisor

FROM:  Mitchell H. Katz, M.D.
Director



SUBJECT: HOUSING FOR HEALTH QUARTERLY REPORT

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health (HFH) permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

BACKGROUND

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes the full range of community based housing options including non-profit owned supportive housing, affordable housing, master lease buildings, scattered site housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

QUARTERLY UPDATE

Flexible Housing Subsidy Pool

On January 14, 2014, the Board approved a Work Order for Property Related Tenant Services (PRTS) with West Bay Housing Corporation to operate the FHSP. In the months of February and March, West Bay Housing Corporation, in collaboration with HFH, quickly ramped up the rental subsidy program by developing policies and procedures, conducting housing location and acquisition activities, and by March 11th, was already moving DHS patients into permanent supportive housing. As of March 31st, 24 DHS patients have been housed using the FHSP.

Permanent Supportive Housing Funds/Costs

The source of funds for the FHSP is existing DHS County General Fund dollars, the Conrad N. Hilton Foundation, and the office of Supervisor Mark Ridley-Thomas. Since the Work Order was executed during this quarter, the costs for the first quarter of operation of the Flexible Housing Subsidy Pool will be provided in the next quarterly report.

The source of funds for contracted ICMS services in permanent supportive housing is existing DHS County General Fund dollars. The estimated cost for contracted ICMS services in Fiscal Year 2013-14 is \$1.5 million.

The source of funds for the PRTS contract to operate the South Los Angeles Supportive Housing Program is existing DHS County General Fund dollars. The estimated cost for Fiscal Year 2013-14 is \$665,000.

Number of Clients Housed

HFH clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

- **Total # of patients who have attained housing:** Since November 2012, HFH has placed 310 homeless DHS patients with complex medical and behavioral health conditions in permanent supportive housing.
- **Total # of patients who are currently housed:** 298 patients are currently housed.
- **Total # of patients housed this quarter:** From January 1 to March 31, 2014, HFH housed 31 patients. 20 individuals and 4 families were housed through the FHSP and the remaining 7 clients were housed with Tenant or Project Based Section 8 vouchers.

Demographics of Clients Housed (Attachment I).

- **Gender:** 67% (208) of patients housed are male, 32% (99) are female, and 1% (3) are transgender.
- **Age:** 45% (140) of patients housed are age 50-59, followed by 24% (74) age 40-49, 15% (45) age 60 and above, 10% (32) age 30-39, 5% (16) age 18-29, and 1% (3) 70 and over.
- **Race/ethnicity:** 44% (135) of patients housed are Black, African, or African American; 22% (68) are Latino; 22% (68) are White; 3% (9) are Asian; and 10% (30) are other or unknown.
- **Homeless Status:** The average length of time that patients experienced homelessness was 3 years and 7 months and the median length of time was 2 years. The majority of HFH clients were chronically homeless (83%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

Most frequent medical conditions: The most common diagnoses for HFH clients are as follows: hypertension, diabetes, congestive heart failure and heart disease, asthma, cancer, HIV/AIDS, hepatitis C, lung disease, depression, bipolar disorder, and post-traumatic stress disorder.

Utilization Rate and Duration of Housing Subsidies: After six months in housing, 96% of our tenants remained housed (N=139) and after 12 months of housing, 96% of our tenants remained housed (N=27).

Exits from housing this quarter: Since November 2012, 12 tenants have exited the HFH program, including 3 tenants exited housing this quarter. One was incarcerated, one evicted, and one moved to a higher level of care.

Subsidy types for tenants in housing (N = 298):

- 106 (36%) Housing Authority of the City of Los Angeles (HACLA) Tenant Based Vouchers
- 98 (33%) HACLA Project Based Vouchers
- 24 (8%) FHSP
- 20 (7%) Housing Authority of the County of Los Angeles (HACoLA) Project Based Vouchers
- 17 (6%) DHS South LA scattered site rental subsidy (will be transitioned to FHSP on July 1, 2014)
- 13 (4%) HACoLA Tenant Based Vouchers
- 9 (3%) Los Angeles Homeless Services Authority (LAHSA) rental subsidy
- 6 (2%) Placed in affordable housing without rental subsidy
- 3 (1%) HACLA Shelter Plus Care
- 2 (1%) HACoLA Public Housing

Integrated Health, Mental Health, and Substance Use Disorder Services and Benefits Establishment

HFH plans to provide service utilization data on client use of DHS, Mental Health, Public Health (Substance Abuse Prevention and Control), Sheriff, and Probation services on an annual basis using Enterprise Linkage Program (ELP) data from the Chief Executive Office Service Integration Branch. The lag time in data entry and the cost of collecting and preparing the data make quarterly reporting infeasible. This data will also be used for a larger program evaluation to be completed in early 2017. However, we have partial data as follows:

- **Health care coverage:** The majority of clients have health care coverage. As of, February 2014, 92% have Medi-Cal (55% have Medi-Cal and 37% had Healthy Way LA and transitioned to Medi-Cal on January 1, 2014), 3% have Medi-Cal/Medicare, 2% have Medicare, and 1% have other insurance.
- **DMH service utilization:** As of February 2014, 60% of patients housed have received DMH services and 25% have an active/open DMH case.
- **DPH service utilization:** As of February 2014, 9% of patients housed have received substance use disorder treatment services in the last year from DPH Substance Abuse Prevention and Control contracted providers.

All clients in HFH permanent supportive housing projects are DHS patients and they all have an assigned ICMS provider. All case management services are mobile and provided at the location where the client is housed. Health, mental health, and substance use disorder services are provided in a way that is flexible to accommodate different types of permanent supportive housing projects. Larger project-based permanent supportive housing projects often have dedicated space for on-site health, mental health, and/or substance use disorder services. Scattered site projects typically link clients to services that are conveniently located in the surrounding community.

Whether project based or scattered site, it is a key role of the ICMS provider to ensure that HFH clients are linked to and accessing health, mental health, and substance use disorder services as needed. ICMS providers assist clients with appointment scheduling, transportation, maintaining their medication regimen, and with urgent access to care if the client is experiencing an urgent health, mental health or substance use issue. Another critical role of the ICMS provider is to assist clients with obtaining any health and income benefits that they may be eligible for. During the client intake and assessment process, the ICMS provider obtains information on the client's health and income benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them with obtaining any necessary documents and completing and tracking applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

Characteristics of Housing Units Secured

Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.

This quarter 24 units were subsidized with the Flexible Housing Subsidy Pool:

- 20 studio units in SPA 4. All units were furnished using Home for Good move-in assistance funds. Furnishings include bed, table and chairs, sofa, lamps, kitchen stand, bed linens, and kitchen supplies.
- 1 2-bedroom and 3 3-bedroom units in SPA 1. All units came furnished and security deposits were funded using Home for Good move-in assistance funds.

NEW EXECUTED WORK ORDERS

Pursuant to the Supportive Housing Services Master Agreement approved by the Board on June 19, 2012, this is to advise the Board that DHS has executed Work Orders to the Supportive Housing Service Master Agreement for ICMS with five agencies: JWCH Institute, Inc., PATH, Lamp Community, Antelope Valley Community Clinic, and LA Family Housing. County Counsel has reviewed and approved the Work Orders.

The Work Order executed with JWCH Institute, Inc., is for the purpose of providing recuperative care services to homeless patients being discharged from DHS hospitals. The Work Order executed with PATH is for the purpose of providing interim housing for homeless DHS patients who are moving into permanent supportive housing. The Work Orders executed with Lamp Community, Antelope Valley Community Clinic, and LA Family Housing are for providing ICMS in project based and scattered site supportive housing locations.

In addition, on January 14, 2014, the Board approved a Work Order for PRTS with West Bay Housing Corporation to operate the FHSP.

Many supportive housing projects that will be funded by the FHSP have an existing agreement between the developer and a support services provider. As a result, in order to refer tenants into the building it is necessary for DHS to enter into a Work Order for ICMS with the support services provider already connected to the property. DHS is typically able to leverage capital dollars and/or rental subsidies that the developer secured to build and operate the project in exchange for a nominal ICMS Work Order to provide support services to DHS tenants in the building.

An example of such a project is the Star Apartments, which are owned and operated by Skid Row Housing Trust (SRHT). SRHT secured \$37 million from housing financing sources to build the Star Apartments and the Housing Authority of the City of Los Angeles has provided Project Based Section 8 vouchers for the building at an estimated

value of \$12 million over 10 years. The ICMS Work Order with SRHT allowed 100 patients who were homeless with complex medical and behavioral health conditions and who were high utilizers of DHS services to move into new homes at the Star Apartments.

DHS will continue to pursue supportive housing opportunities that leverage capital and/or operating funding secured by the project developer. As appropriate, DHS will execute an ICMS Work Order with the support services provider already connected to the project if the provider has an executed Master Agreement for Supportive Housing Services. For projects without an existing support services provider DHS will release a Work Order Solicitation and agencies with an executed Master Agreement will be eligible to submit a response.

NEXT STEPS

The next quarterly report will be provided to your Board in July 2014. If you have any questions, please contact me or Mark Ghaly, Director of Community Health, at (213) 240-7702.

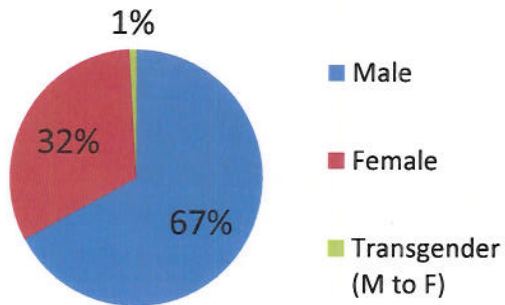
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Attachment

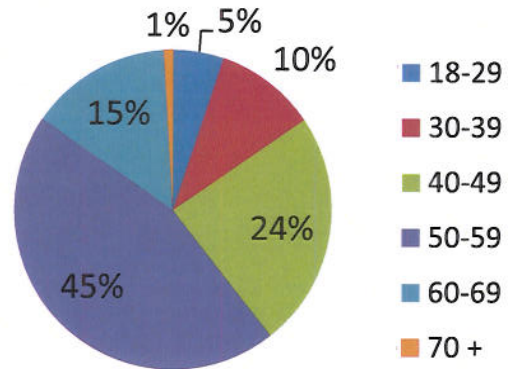
c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Attachment I

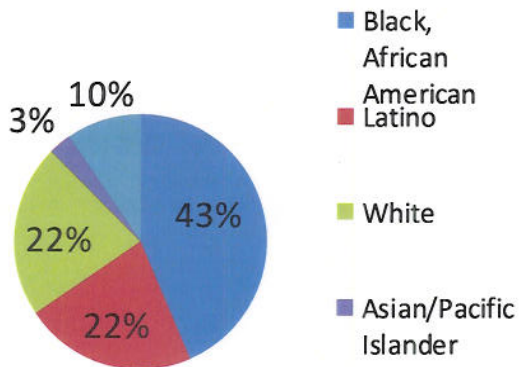
Gender



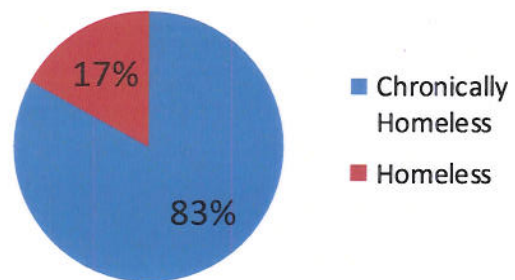
Age



Ethnicity



Homeless Status





Health Services

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Deputy Director, Strategic Planning

July 31, 2014

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: HOUSING FOR HEALTH (HFH) QUARTERLY REPORT

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

BACKGROUND

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes a full range of community based housing options, including non-profit owned supportive housing, affordable housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with ongoing monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

NEW EXECUTED WORK ORDER

Pursuant to the Supportive Housing Services Master Agreement approved by the Board on June 19, 2012, this is to advise the Board that DHS has executed a Work Order to the Supportive Housing Services

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Los Angeles, CA 90012

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Each Supervisor
July 31, 2014
Page 2

Master Agreement for Intensive Case Management Services with Lamp Community to operate the South Los Angeles Recuperative Care Program. County Counsel has reviewed and approved the Work Order.

QUARTERLY REPORT

Please find attached the quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

cc: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Attachment

HOUSING — FOR — HEALTH

Quarterly Report

April-June 2014



Health Services
LOS ANGELES COUNTY

Number of Clients Housed

- Housing for Health (HFH) clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

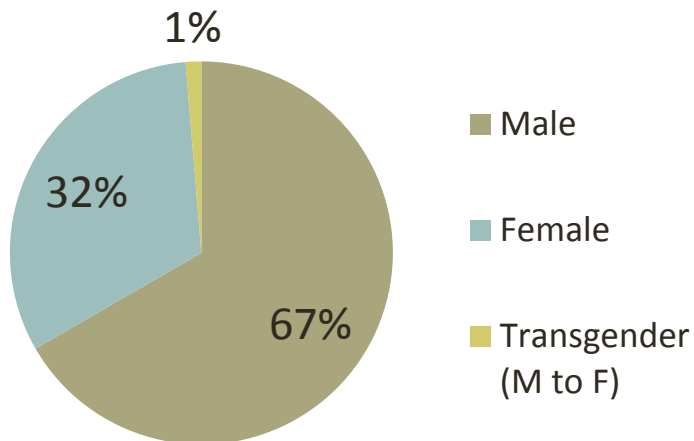


HFH Housing Outcomes

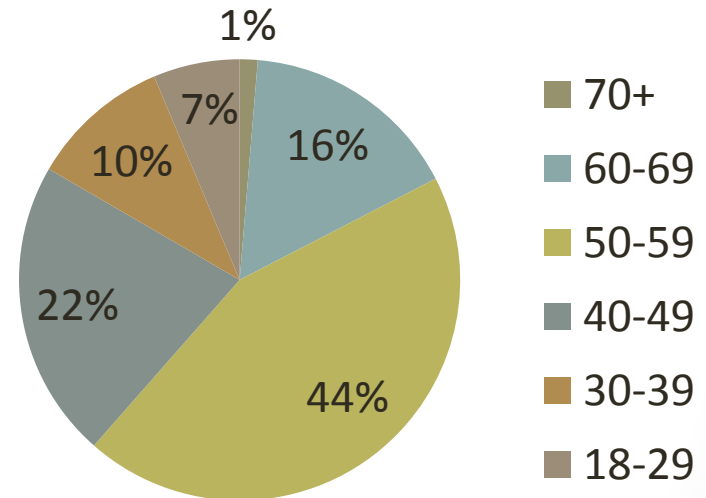
Total # of clients who have attained housing since HFH began in November 2012	379
Total # of clients who are currently housed	361
Total # of clients housed April-June 2014	72

Demographics of Clients Housed

Gender of Clients Housed (N=379)

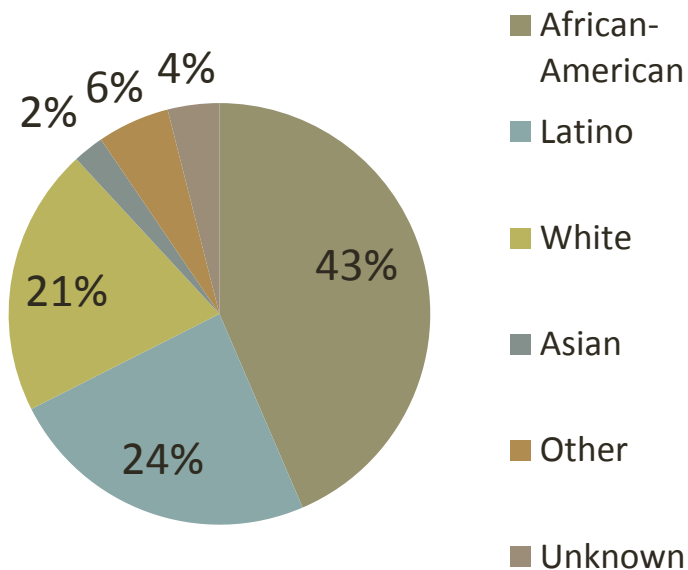


Age of Clients Housed (N=379)



Demographics of Clients Housed (Cont.)

Race/Ethnicity of Clients Housed (N=379)



The most common diagnoses of HFH clients:

- Hypertension
- Diabetes
- Congestive heart failure and heart disease asthma
- Cancer
- HIV/AIDS
- Hepatitis C
- Lung disease
- Depression
- Bipolar disorder
- Post-traumatic stress disorder

Housing Status and Retention

Homeless Status*

- The average length of time that clients experienced homelessness was 3 years and 7 months and the median length of time was 2 years.
- The majority of HFH clients were chronically homeless (83%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

Housing Retention Rate*

- After six months in housing, 96% of our tenants remained housed and after 12 months of housing, 96% of our tenants remained housed.

Exits From Housing This Quarter

- Four patients exited housing this quarter. One patient passed away and three voluntarily surrendered their units.

*Data as of 3/31/14

Flexible Housing Subsidy Pool Update

FHSP Quarterly and Program-to-Date Accomplishments:

Move-ins April-June 2014	57
Total move-ins to date	81
Units secured* April-June 2014	75
Total units secured* to date	99

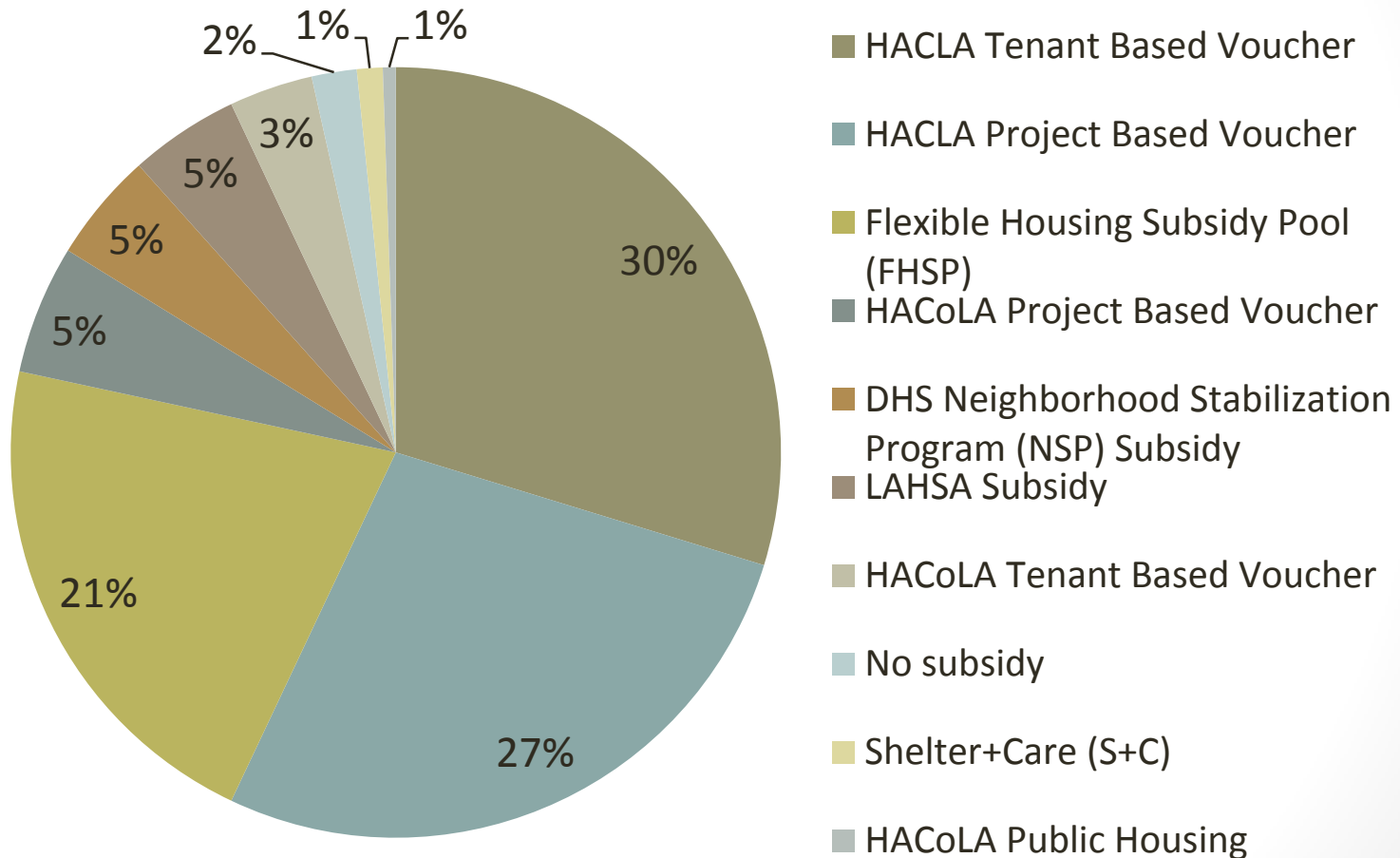
*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units.

Characteristics of Housing Units

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- This quarter 75 units were subsidized with the Flexible Housing Subsidy Pool:
 - 45 studio units in SPA 4. All units were furnished using Home for Good move-in assistance funds. Furnishings include bed, table and chairs, sofa, lamps, kitchen stand, bed linens, and kitchen supplies.
 - 30 studio units in SPA 1. All units came furnished and security deposits were funded using Home for Good move-in assistance funds.

Type of Housing Subsidy

Subsidy Type for Clients Currently Housed (N=361)



Service Integration

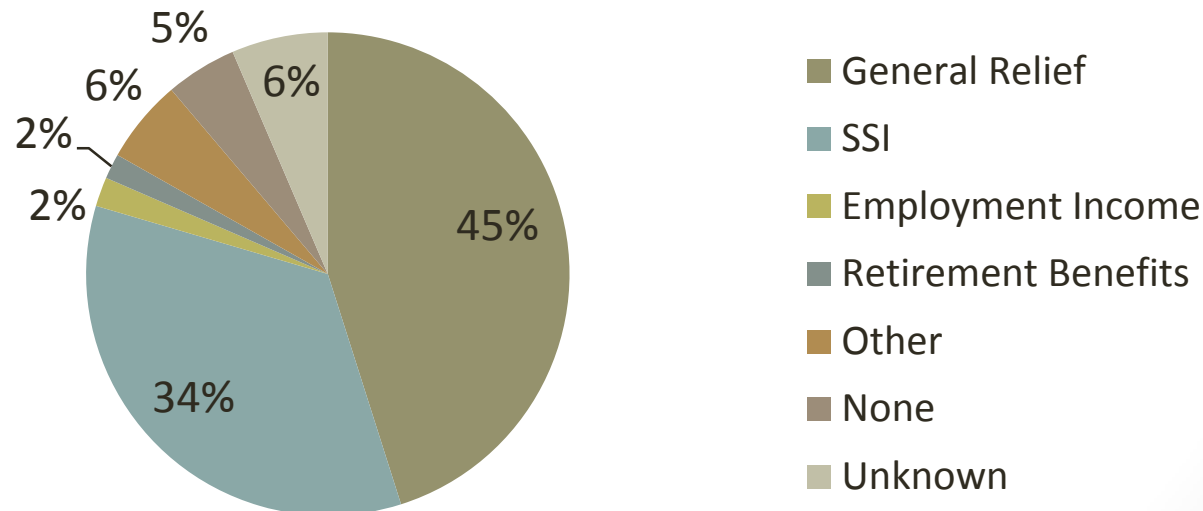
Efforts to improve County service integration:

- A representative from DMH made a presentation at the June 4th at the quarterly HFH Intensive Case Management Services (ICMS) meeting on service navigation for HFH patients. Participants learned how to access services using the DMH system navigators.
- A representative from DPH Substance Abuse Prevention and Control will present on service navigation at the next quarterly ICMS meeting on September 3rd.

Client Income and Health Insurance

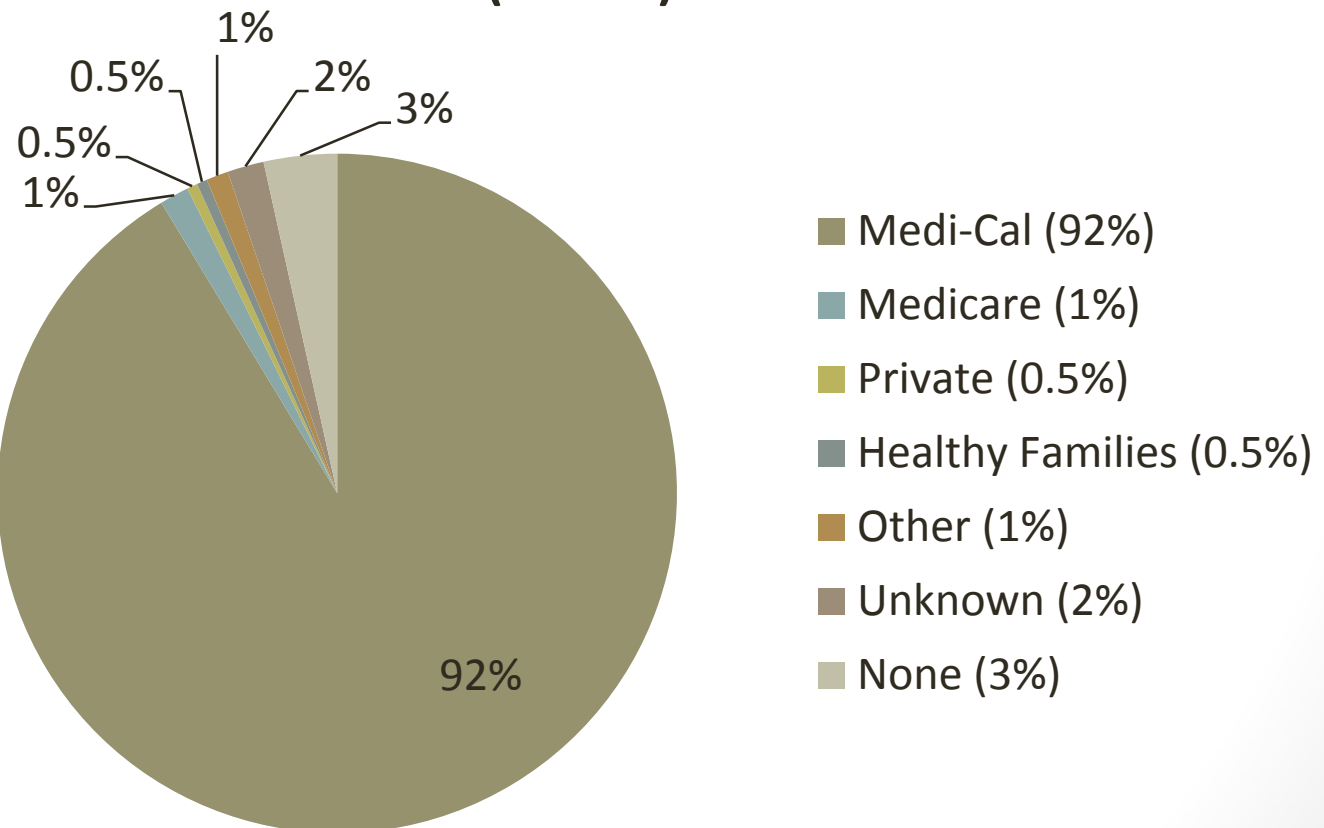
- During the client intake and assessment process, the Intensive Case Management Services (ICMS) provider obtains information on the client's income and health benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them to obtain any necessary documents and will complete and track applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

Income of Clients Currently Housed (N=361)



Client Income and Health Insurance (Cont.)

**Health Insurance Type for Clients Currently Housed
(N=361)**



Permanent Supportive Housing Funds/Costs

- The source of funds for the Property Related Tenant Services work order to operate the FHSP is DHS County General Fund dollars, the Conrad N. Hilton Foundation, and the office of Supervisor Mark Ridley-Thomas. The estimated cost for Fiscal Year 2013-2014 was \$1 million.
- The source of funds for contracted ICMS services in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS services in Fiscal Year 2013-14 was \$1.5 million.
- The source of funds for the Property Related Tenant Services work order to operate the South Los Angeles Supportive Housing Program is DHS County General Fund dollars. The estimated cost for Fiscal Year 2013-14 was \$665,000.

South Los Angeles Recuperative Care Opening Late Summer 2014

- In an effort to respond to the high need for recuperative care services, Housing for Health will open a 38 bed recuperative care site in South Los Angeles (East Rancho Dominguez) late summer 2014. The site has the capacity to serve patients with mobility impairments and provides wheelchair accessible community space indoors and in an open air courtyard.
- The site will be operated by LAMP Community, a non-profit agency with over 25 years of experience providing services to homeless individuals.

Featured Permanent Supportive Housing Site: South Los Angeles Supportive Housing Program

- Located in South Los Angeles
- Scattered site program with 15 newly renovated properties in South LA with a total of 56 units
- Properties acquired and renovated with HUD Neighborhood Stabilization Program funding in partnership with the City of LA Housing Authority and the Housing and Community Investment Department
- Support Services provided by Housing Works



Featured Client Success Story:

A New Home and a New Stride

When Sam was referred to Housing for Health he was homeless, having trouble controlling his diabetes, and was using a wheelchair due to a leg amputation related to the illness. The Housing for Health team placed Sam in stabilization housing where his case managers at LAMP Community helped him make his appointments at Rancho Los Amigos National Rehabilitation Center, a task that had been difficult before due to lack of transportation. Soon after, Sam received two pieces of good news: he was going to be fitted for a prosthetic leg and he was approved to move into his own subsidized apartment.

Sam was placed at a HFH unit at a building with on-site supportive services and was quickly connected to a case manager who worked with Sam daily to reach his goals including to someday walk independently again. Within only a few months, Sam took his first steps in ten years. And now his stride is getting stronger each day. In addition to walking on his own, Sam is now doing other things he never thought possible, like making new friends and participating in community events at his building.

*Name changed for confidentiality.



Los Angeles County
Board of Supervisors

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Chief Medical Officer

Christina R. Ghaly, M.D.
Deputy Director, Strategic Planning

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



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October 31, 2014

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: HOUSING FOR HEALTH (HFH) QUARTERLY REPORT

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

BACKGROUND

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes a full range of community based housing options, including non-profit owned supportive housing, affordable housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

NEW EXECUTED WORK ORDER

Pursuant to the Supportive Housing Services Master Agreement approved by the Board on June 19, 2012, this is to advise the Board that DHS has executed Work Orders to the Supportive Housing Services

Each Supervisor
October 31, 2014
Page 2

Master Agreement for Intensive Case Management Services with Ocean Park Community Center and LifeSTEPS to provide intensive case management services in permanent supportive housing. County Counsel has reviewed and approved the Work Order.

QUARTERLY REPORT

Please find attached the quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

HOUSING — FOR — HEALTH

Quarterly Report

July-September 2014



Health Services
LOS ANGELES COUNTY

Number of Clients Housed

- Housing for Health (HFH) clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

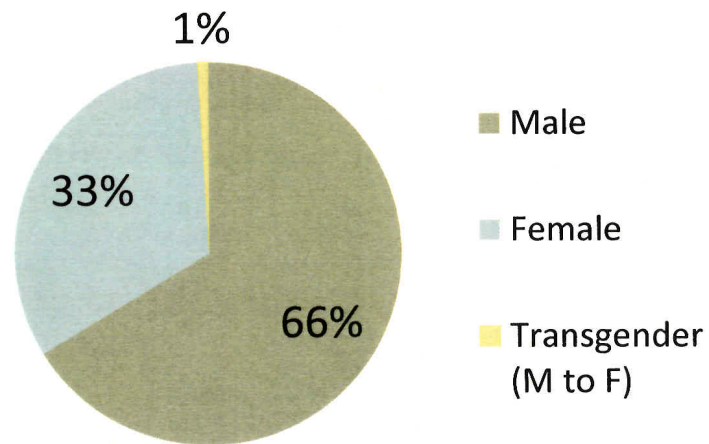


HFH Housing Outcomes

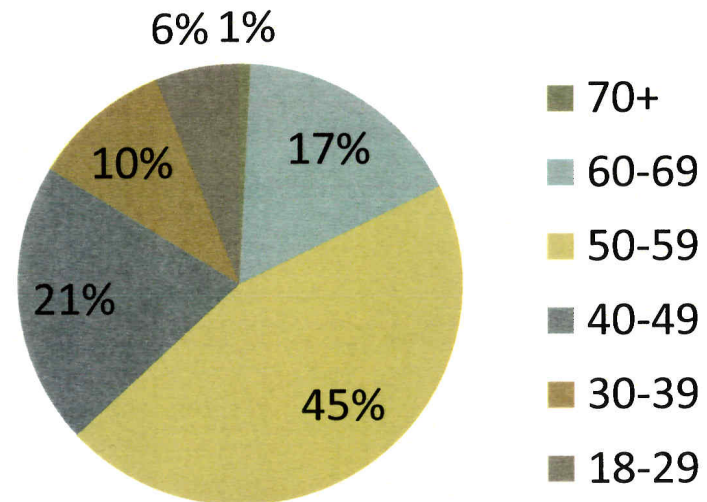
Total # of patients who have attained housing since HFH began in November 2012	464
Total # of patients who are currently housed	436
Total # of patients housed July-September 2014	78

Demographics of Clients Housed

Gender of Clients Housed (N=457)



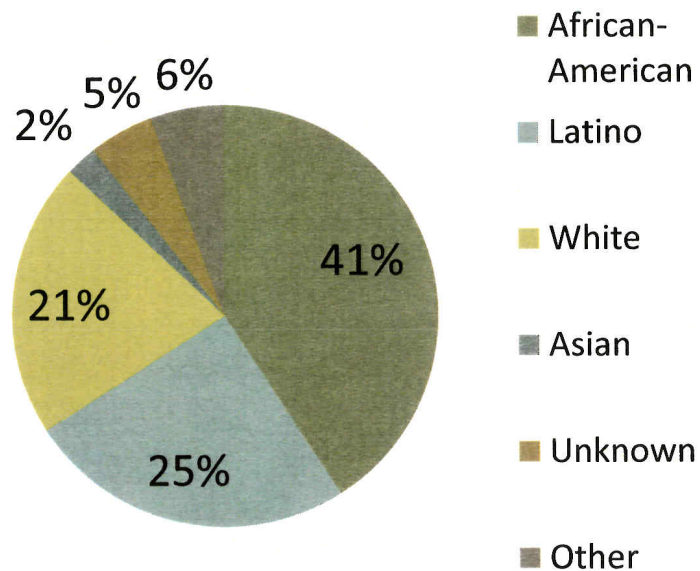
Age of Clients Housed (N=463)



*Patient data does not add to 464 due to clients who decline to state demographic information

Demographics of Clients Housed (Cont.)

Race/Ethnicity of Clients Housed (N=464)



The most common diagnoses of HFH clients:

- Hypertension
- Diabetes
- Congestive heart failure and heart disease asthma
- Cancer
- HIV/AIDS
- Hepatitis C
- Lung disease
- Depression
- Bipolar disorder
- Post-traumatic stress disorder

Housing Status and Retention

Homeless Status*

- The average length of time that patients experienced homelessness was 3 years and 7 months and the median length of time was 2 years.
- The majority of HFH clients were chronically homeless (83%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

Housing retention rate

- 90% of tenants retained housing (remained in unit or exited to other permanent housing) after 12 months.

Exits from housing this quarter

- Eleven patients exited housing this quarter. Three patients moved in with family and friends, two moved to another independent living situation, two voluntarily surrendered their units, two passed away, one moved to a higher level of care, and one was incarcerated.

*Data as of 3/31/14

Flexible Housing Subsidy Pool Update

FHSP Quarterly and Program-to-date Accomplishments:

Move ins July-September 2014	41
Total move-ins to date	122
Units secured* July-September 2014	107
Total units secured* to date	206

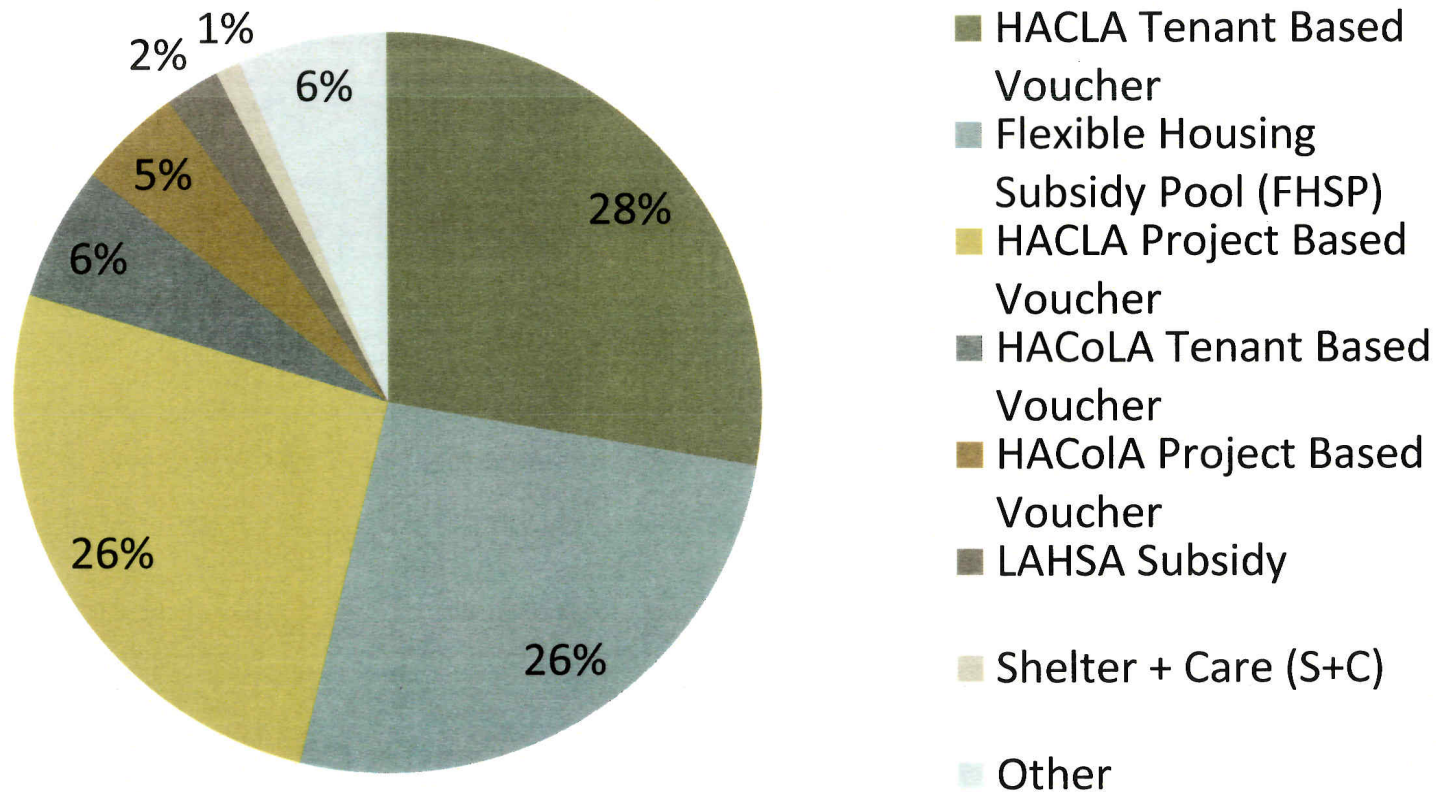
*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units.

Characteristics of Housing Units

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional 107 units in Los Angeles County for the Flexible Housing Subsidy Pool. The majority of the recently secured units are 1 bedrooms and studios. Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.

Type of Housing Subsidy

Subsidy Type for Clients Currently Housed (N=464)



Service Integration

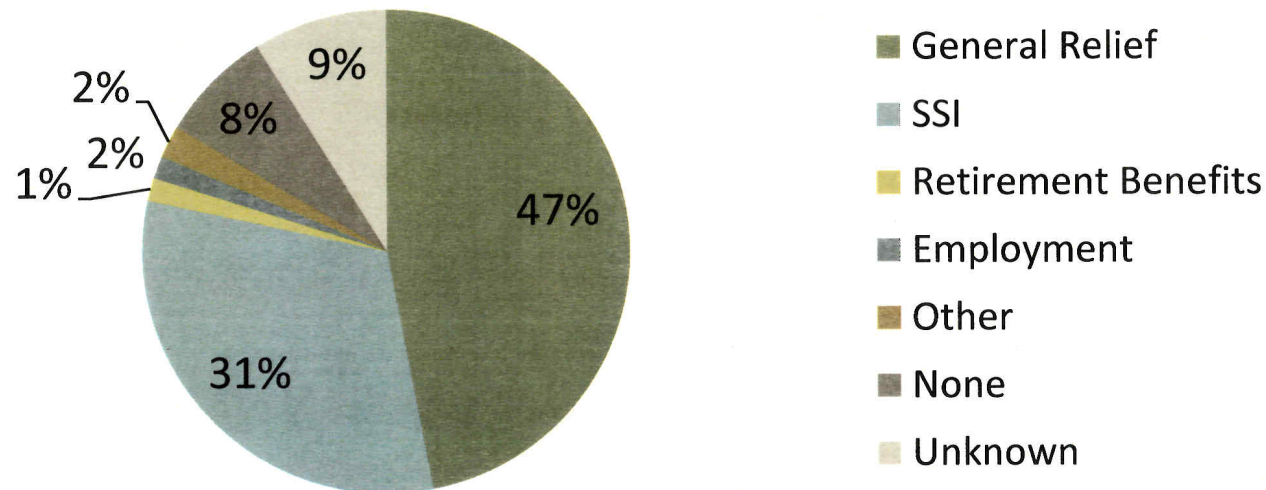
Efforts to improve County service integration:

- A representative from DPH Substance Abuse Prevention and Control presented at the September 3rd quarterly HFH Intensive Case Management Services (ICMS) meeting on service navigation for HFH patients. Participants learned how to access services using the Community Assessment Service Centers.
- A representative from DPSS IHSS will present on service navigation at the next quarterly ICMS meeting on December 3rd, 2014.

Client Income and Health Insurance

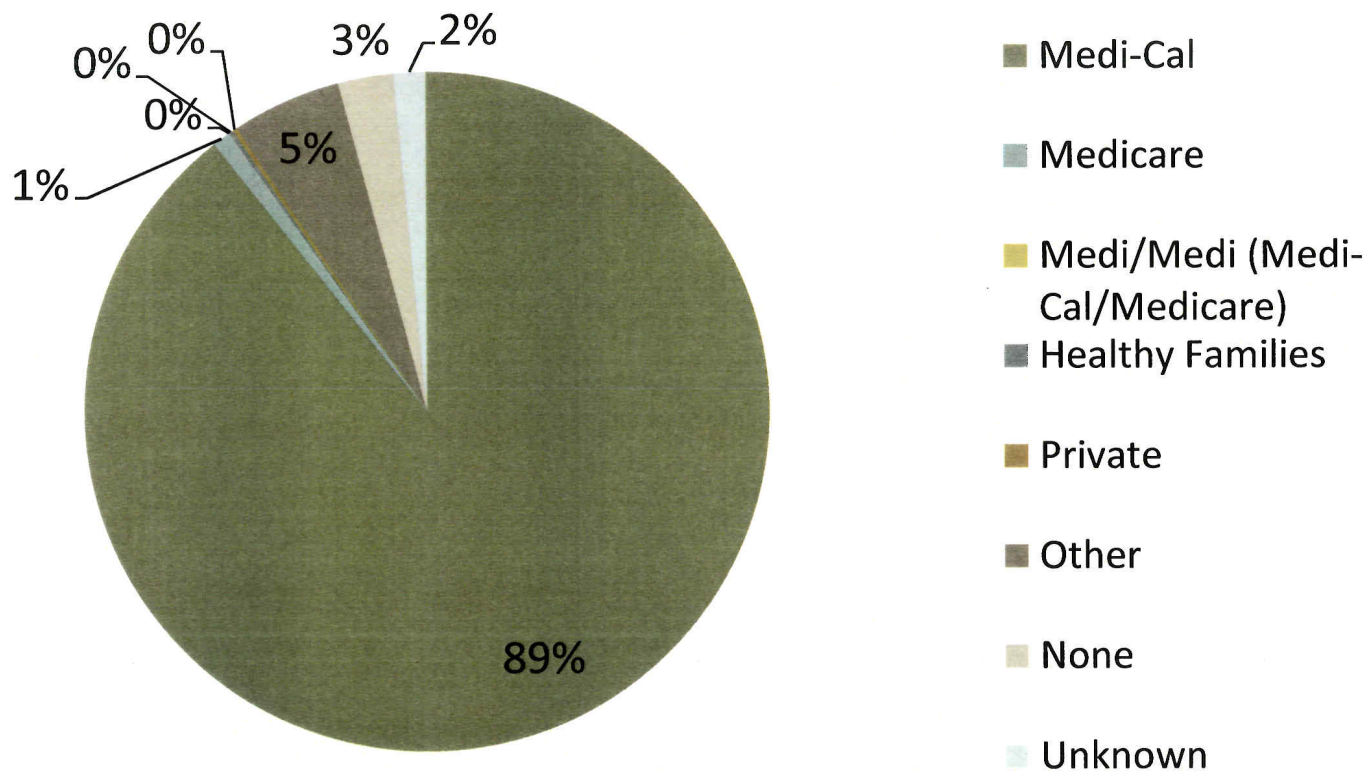
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Income of Clients Currently Housed (N=464)



Client Income and Health Insurance (Cont.)

**Health Insurance Type for Clients Currently Housed
(N=464)**

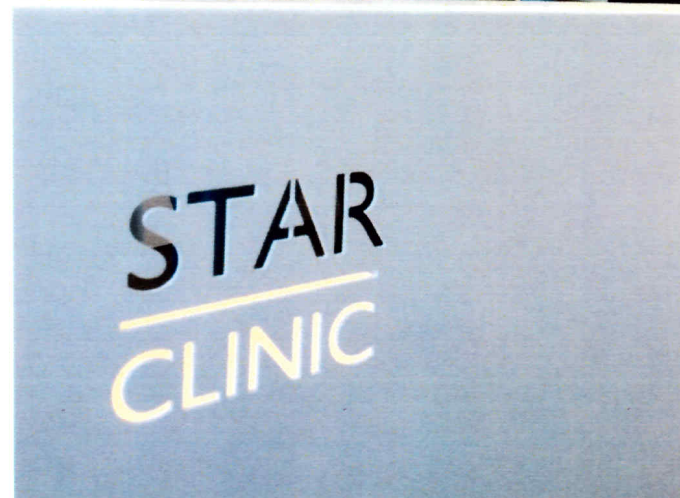
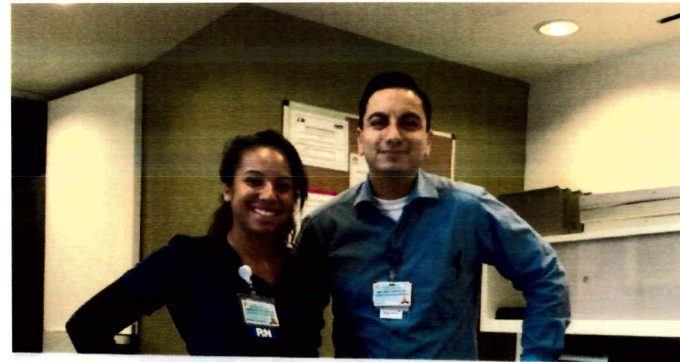


Permanent Supportive Housing Funding

- The source of funds for the Property Related Tenant Services work order to operate the FHSP is DHS County General Fund dollars, the Conrad N. Hilton Foundation, and the office of Supervisor Mark Ridley-Thomas . The estimated cost for Fiscal Year 2014-2015 is \$2,917,476.
- The source of funds for contracted ICMS services in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS services in permanent supportive housing in Fiscal Year 2014-15 is \$4,846,677.
- The source of funds for the Property Related Tenant Services work order to operate the South Los Angeles Supportive Housing Program is DHS County General Fund dollars. The estimated cost for Fiscal Year 2014-15 is \$200,706.

Housing for Health moves to the Star Apartments

- The administrative offices of Housing for Health moved in October to the Star Apartments in Skid Row.
- Housing for Health's Star Clinic will open in November. The clinic specializes in primary care for homeless and formally homeless individuals.



Featured Permanent Supportive Housing Site: Trudy and Norman Louis Apartments

- Opened July 2014
- Located in Tujunga, CA
- 46 units total with 29 units set aside for HFH referrals: 21 Project Based Vouchers from HACLA and 8 Flexible Housing Subsidy Pool (FHSP) units
- Developed and owned by LA Family Housing
- Supportive services provided onsite by LA Family Housing
- Computer room for all residents, community room for meetings and events, laundry facilities, dog run for residents with support animals, spacious courtyard and basket ball court



Featured Client Success Story:

A new home opens up the world outside of Los Angeles

"John" moved into the Alexandria in August 2014 completely unaware of the changes his new housing would bring. Having struggled to find sanctuary on the streets of Skid Row and in multiple homeless shelters for over a decade, John saw his private studio apartment overlooking downtown Los Angeles from the 6th floor as too good to be true. Days passed before he could bring himself to arrange the furniture and sleep in the bed that came provided with his new room. On an initial retention visit, he apologized for having used one of the pots that came as part of his housewarming package along with dishes, toiletries and kitchen utensils, incredulous that they were all really his to keep. John was afraid that if he one day found employment, which is his long-term goal, he would be asked to surrender his apartment. Unlike some other programs, Housing for Health is structured to encourage clients to seek employment if possible. Tenants will not lose their housing if their income increases due to employment. The tenant contribution towards rent is set at 30% of income so as a client's income rises their contribution towards rent increases.

After realizing that this was his home for good, John was able to take control over several aspects of his life. With the newfound stability that came with having a home to come back to at the end of the day, he was able to schedule regular doctor's appointments, have his medical prescriptions filled, and receive a long-awaited surgery. The years that he spent in LA's Skid Row had made him a familiar and popular member of the downtown community but after having gained a home to call his own he felt ready to reach back out to the world outside of Los Angeles. In less than three months housed, John was reacquainted with family in New Jersey he hadn't seen in over fifteen years.